SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES

00 PRIMARY AND GENERAL ELECTIONS	State of Nevad
Joseph Kubo Constable	Incline Village
andidate's Name(print) Office	District (if applicable)
D.O. BOX 4418 Incline Village NV. 89450	833-1766
ailing Address (include city and zıp code)	Telephone Number
REPORT NUMBER 2 - DUE OCTOBER Report Period Begins: August 24, 2000 Report Period Ends: October 25, 2000	31, 2000 CERTIFIED 10-31-00 Reg of UN
CONTRIBUTIONS SUMMARY	
1. From Report Number 1, total amount of contributions in excess of \$100	-0 -
2. From Report Number 1, total amount of contributions of \$100 or less	
3. Report Number 2, amount of contributions in excess of \$100	
4. Report Number 2, total amount of contributions of \$100 or less	-0
From Report Numbers 1 and 2, actual number of	
contributions of \$100 or less	
5. Interest and income earned, if any, during this report period	<u> </u>
6. TOTAL AMOUNT OF ALL CONTRIBUTIONS	
(add lines 1 through 5)	
EXPENSES SUMMARY	
7. From Report Number 1, total amount of expenses in excess of \$100	-0
8. From Report Number 1, total amount of expenses of \$100 or less	
9. Report Number 2, total amount of expenses in excess of \$100	_
10. Report Number 2, total amount of expenses of \$100 or less	-0
11. TOTAL AMOUNT OF ALL EXPENSES	
(add lines 7 through 10)	0
contributions or expenses are listed during this Report Period, only this page of filing officer.	f the report needs to be filed wi
I declare under penalty of perjury that the foregoing is true and correct.	/.
Executed on 10/25/00 and he Ki	6.

Prescribed by Secretary of State NRS 294A 120, 294A 200 EL201 002(rev 04/00)

Total number of pages for this report / 6

Joseph	Ku6a	CONSTABLE	Incline Village	NV.
Candidate's Name (print)		Office	District (if applicable	e)

Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
None				

Joseph	Kubo	CONSTABLE	Incline Villace	NU
Candidate's Name (print)		Office	District (if applicable)	

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION		DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
NO	Ne			
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	<u> </u>			
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Candidate's Name (print) Office

District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	6
Expenses related to volunteers	В	0
Expenses related to travel	С	.0
Expenses related to advertising	D	0
Expenses related to paid staff	E	0
Expenses related to consultants	F	0
Expenses related to polling	G	0
Expenses related to special events	Н	0
Goods and services provided in kind for which money would otherwise have been paid	I	0
Other miscellaneous expenses	J	0

PAGE 4 OF 6

Joseph 1	KU60	Constables	Office	Incline	Villag
Candidate's Name (print)		Office	District	(if applicable)	

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
RECEIVED THE PAYMENT FOR THE EXPENSE(S)			
None			

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PAGE S OF C

Candidate's Name (print)

Constable Jacking VIIIAGE No Constable

Office District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
Λ,	27.10	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	ONE	
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